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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Viet Nam

The Executive Director recommends that the Executive Board approve the country programme of Viet Nam for the period 1991 to 1995 in the amount of $40 million from general resources, subject to the availability of funds, and $50 million in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
The situation of children and women	2
Programme cooperation, 1988-1990	4
Recommended programme cooperation, 1991-1995	7

List of tables

1.	Basic statistics on children and women	14
2.	Expenditure under previous cooperation period, 1988-1990	16
3.	Planned expenditure, 1991-1995	17
4.	Staffing from budget and programme funds	18

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. By the standards of developing countries, Viet Nam has a relatively well diffused infrastructure, including qualified personnel for social services such as health, child care and education. In recent years, however, the social sector has made few gains and is in urgent need of revitalization.

2. Assessments of the infant mortality rate (IMR) range from 49 to 61 per 1,000 live births as a national average, with regional variations among the deltas, coastal regions and the less advantaged mountainous areas, where IMR is estimated to be as high as 150 per 1,000 live births.

3. With a variety of difficult conditions facing many women during pregnancy, poor nutrition has been a notable contributing factor in a significant number of low birth-weight infants. Prenatal care and counselling are generally inadequate, while maternal mortality rates (MMRs), as well as perinatal and neonatal deaths, are relatively high.

4. Particularly during the first five years of life, children often face acute respiratory infections (ARI), diarrhoea, malaria and vaccine-preventable childhood diseases, in addition to various other viral infections.

5. The nutritional status of Vietnamese infants and young children is of particular concern. A survey of 1,251 households undertaken by the National Institute of Nutrition showed that 9 per cent of families experience extreme food shortages (below 1,500 calories per person per day) and 15 per cent experience moderate food shortages (between 1,500 and 1,800 calories per person per day). More than 40 per cent of children under five years old are moderately or severely under weight. Malnutrition is most common in the second year of life.

6. Specific micronutritional deficiencies also affect both the child and the mother, particularly vitamin A-related eye disorders, iron-deficiency anaemia and iodine deficiency disorders (IDD) (in mountainous areas). Approximately one third of children under five years old suffer from iron deficiency. In a recent study of 569 children under five years old from the north conducted by the National Institute of Nutrition, the anaemia prevalence reached 36.7 per cent.

7. A study carried out in 21 provinces with a sampling of 34,214 children under five years old showed a 0.07 per cent prevalence of active corneal lesions attributed to vitamin A deficiency. This rate is seven times the World Health Organization (WHO) criterion of public health significance (0.01 per cent). In the national survey of vitamin A deficiency, it was found that insufficient breast-feeding and inappropriate breast-feeding practices increased the risk of blindness caused by vitamin A deficiency (xerophthalmia) two to three times.

8. Comprehensive information on childhood disability is not yet available, but motor and sensory handicaps, many of which are preventable, are some of

the consequences of the overall difficult situation of children. Congenital cretinism affects 2 per cent of children in mountainous areas.

9. While the country has vast water resources, the water is often highly contaminated as a result of poor environmental sanitation. Most existing institutions such as schools and health centres have no water supply or latrines. Access to clean drinking water and hygienic environmental sanitation remains limited. Realistic field estimates indicate 10 per cent access to safe water in rural areas, while an additional 20 per cent may be considered to have access to acceptable quality water, especially with regard to chemical content. The rest of the population has to collect rainwater and use highly contaminated surface water, at times during the dry season. In some coastal and low-lying areas, all surface and subsurface water resources are salty or contaminated by alum. People have to pay as much as the equivalent of $1.30 per cubic metre for water.

10. Sanitation coverage is even more difficult to estimate. Several million latrines, most of which are the double-vault compost type, have been built, mostly in the north, serving over one half the population. In the southern provinces, rural households often utilize fish ponds for latrines. The lack of clean water, combined with poor environmental sanitation and hygienic habits, leads to high rates of diarrhoeal diseases and parasitic infections. Cholera is endemic, especially in some southern provinces. Skin diseases caused by a lack of fresh water are very prevalent. According to a number of surveys conducted in 1986 and 1989, intestinal parasites affect almost 100 per cent of the population in the north and 40 per cent in the south.

11. About 87 per cent of women are involved full time in the economic life of the country. Thus, child care is a major concern for working mothers, particularly since State and cooperative facilities for young children, both 6 to 36 months and 3 to 6 years old, serve only some 26 per cent of eligible children. Physical conditions in these facilities are often poor, and early childhood care and stimulation are uneven because of a significant level of untrained staff and insufficient financial resources.

12. Primary school education is widely available to children, and initial enrolment rates have been high, at approximately 85 per cent. With growing population pressure, however, it appears that this level will be very difficult to maintain. Repeater rates in the first cycle (grades 1-6) are significant and drop-out rates are high, particularly in the second cycle (grades 7-9). Completion rates for children in primary school are estimated at 57.3 per cent and can be attributed to economic pressure, particularly on rural families. Insufficient or inaccessible schools are also a factor in mountainous regions and in parts of the Mekong Delta. A lack of teaching materials and of teachers trained in the new curricula (resulting from the 1981 education reforms) are further constraints. Responding to the recommendations of the World Conference on Education for All, the Government has established a national committee for the eradication of illiteracy and the universalization of primary education.

PROGRAMME COOPERATION, 1988-1990

Health

13. The primary health care (PHC) programme has concentrated mainly on strengthening the physical network and on human resources development. Negotiations have been carried out with the Government in order to implement an integrated approach to PHC. Community participation in managing and financing health services is now stressed, and initial action in strengthening commune health services along the lines of the Bamako Initiative was initiated in six districts in 1990. Intersectoral cooperation is emphasized with the trachoma-control project. Health education activities have also been implemented.

14. In support of pre- and postnatal activities, UNICEF has helped to upgrade health services by providing equipment and supplies, training health personnel and, to some extent, providing essential drugs. In addition, community health education activities have been undertaken. Links have been established with environmental sanitation and nutrition activities for greater impact.

15. In the area of immunization, nationwide mass vaccination campaigns and expansion of routine vaccinations were used as strategies to achieve universal child immunization (UCI). Based on administrative reporting by the Ministry of Health, vaccination coverage for 1990 (April 1989-March 1990) was 94 per cent for anti-tuberculosis vaccine (BCG), 88 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3), 89 per cent for three doses of polio vaccine and 89 per cent for measles vaccine. In addition to supplying vaccines, cold-chain and sterilization equipment and injection materials and logistics support, UNICEF has also supported the local production of BCG and DPT vaccines.

16. The national control of diarrhoeal diseases (CDD) programme, initiated in 1982, is now operational in all 44 provinces, serving 76 per cent of the communes and 80 per cent of children under five years old. Monitoring and evaluation have been important programme components. A national policy statement in 1989 set uniform guidelines and provided advice on correct case management and prevention. Related communication activities have been developed and implemented. The programme is now aimed at providing long-term sustainability by expanding intersectoral activities.

17. The emphasis in ARI control is on correct case management at the household and health facilities levels. Adequate information and training of target groups is promoted. The ARI programme presently serves 10 per cent of children under five years old in 1,216 communes in 37 provinces. Expansion is being considered through the strengthening of basic health services and through community management and financing systems.

Nutrition

18. The nutrition projects undertaken included a food and nutrition surveillance system, nutrition in PHC, integrated health and nutrition for

early childhood and health and nutrition education in primary schools. The prevention of severe malnutrition and the promotion of better health status is being progressively integrated into PHC activities at the grass-roots level, particularly in co-ordination with the new World Food Programme (WFP) project on nutrition in PHC. Commune-based nutrition interventions are part of the PHC programme in 1,000 communes in 11 provinces, which are also the provinces in which UNICEF concentrates. The growth monitoring chart was reviewed and is now widely used in commune health centres.

19. The project to control nutritional deficiencies (iodine and vitamin A) has been conducted on a large scale. To date, 500,000 children have benefited from the project to control vitamin A deficiency. Some 450,000 people were served by the IDD control project. The improvement in quantity and quality of children's diets, based on the increase in family food production, has been undertaken in 13 provinces through the household food security project.

Water supply and sanitation

20. The programme emphasized low-cost technology, monitoring by objective and cost-sharing by the beneficiaries. By 1989, more than 20,000 tube-wells had been installed, serving 2.5 million people. About 11,000 additional wells were planned for completion in 1990 in 14 additional provinces. Sanitation activities, including the promotion of sanitary household facilities and health education, have been carried out in the same provinces. Some 150 communes have been involved and 15,000 hygienic demonstration latrines have been constructed. In February 1990, a water supply and sanitation sector study, supported by the World Bank and the United Nations Development Programme (UNDP), approved the approach used by the project and strongly recommended its rapid and wide expansion.

21. Sanitation activities are integrated into a project for family health, including family planning activities implemented jointly with the United Nations Population Fund (UNFPA) in three provinces. This project aims to integrate family planning, maternal and child care, parasite control and water supply and sanitation at the communal level. Problems affecting the current programme have been inadequate communications and intersectoral coordination at the communal level and insufficient equipment for drilling and construction.

Education

22. UNICEF assistance to the education sector included support for formal and non-formal education, teaching aids, curriculum development and training and refresher courses for teachers. In addition, health and nutrition education subjects were introduced in 106 primary schools. The programme also included pre-vocational orientation training and equipment for the Ministry of Education as well as for the Vietnamese National Committee for Children. About 71 pre-vocational orientation centres are spread among the provinces and 80 basic general education schools serve as pre-vocational orientation education establishments. Some of the problems that affected the implementation included weak monitoring and supervision and a general lack of facilities and equipment.

Early childhood development

23. The major achievement in the last three years has been the development of an integrated model for crèches for children under three years old through the coordinated input of different UNICEF programmes and community services. The model has proved effective and it will be extended to kindergartens for ages three to five years old in the next cycle. Early child care and development is also promoted through home-based crèches by enhancing programme communication, community awareness and special non-formal education. The parent education mobile component addresses both formal and non-formal sectors, in collaboration with UNFPA.

Women in development

24. UNICEF has supported two major activities that have been implemented by the Viet Nam Women's Union: (a) a training course for mothers and pregnant women, focusing on women's and children's health, nutrition and hygiene; and (b) the dissemination of communication and information and the development of information materials for women at grass-roots levels and in remote mountainous areas. During 1990, a communication component was added to the programme in order to prepare educational materials for neo-literate women. UNICEF cooperation with VWU to introduce Facts for Life throughout the country at central and provincial levels was successful owing to both the commitment of the Viet Nam Women's Union to Facts for Life and maternal and child concerns and the extensive Viet Nam Women's Union's network.

Advocacy and social mobilization

25. Advocacy activities supported by the Vietnamese National Committee for Children and the Viet Nam Women's Union resulted in the ratification of the Convention on the Rights of the Child by the Government. Viet Nam was the first country in Asia and the second in the world to ratify the Convention. As a concrete follow-up action to the Convention, the Government plans to pass a comprehensive law on the protection, education and care of children.

Monitoring and evaluation

26. The Vietnamese programme has been monitored on a continuous basis through field visits by UNICEF and government personnel, regular meetings and annual programme reviews. In addition, specific studies and evaluations have been conducted, on which basis programme adjustments have been made. It is necessary to strengthen further the capacity of the General Statistics Office to coordinate data collection, administer surveys and process the data generated by the population census. The dissemination of statistical information at all levels needs to be improved for effective planning and advocacy. In addition, sectoral ministries do not have adequate planning units, trained manpower, technical skills, training opportunities, facilities and equipment.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $40,000,000
Supplementary funds: $50,000,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	14 000	11 500	25 500
Nutrition	4 150	3 750	7 900
Water supply and sanitation	8 000	24 750	32 750
Education	5 000	5 000	10 000
Early childhood development	3 875	4 000	7 875
Disabled children	250	-	250
Women in development	825	1 000	1 825
Planning, monitoring and evaluation	750	-	750
Advocacy, social mobilization, communication	300	-	300
Programme support service	2 850	-	2 850
Total	40 000	50 000	90 000

a/ The breakdown for estimated yearly expenditure is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme objectives

27. In line with the global targets for the 1990s articulated in the World Declaration of the Survival, Protection and Development of Children, to which the Government agrees in principle, the major country programme objectives of Viet Nam are as follows:

(a) To reduce IMR by 50 per cent in provinces with IMR over 70 per 1,000 live births, by 40 per cent in provinces with IMR between 50 and 70 and by 20 per cent in provinces with IMR below 50;

(b) To reduce the under-five mortality rate (U5MR) by 50 per cent in provinces with U5MR over 120 per 1,000 live births, by 40 per cent in provinces with U5MR between 80 and 120 and by 20 per cent in provinces with U5MR under 80;

(c) To reduce MMR by 50 per cent in provinces where MMR is above 100 per 100,000 live births and to maintain current rates in provinces where MMR is below 100;

(d) To reduce the level of severe and moderate malnutrition by 30 per cent in 10 main ecological areas of the country among children under three years of age;

(e) To provide adequate access to safe water for 80 per cent of the rural population with the minimum service level (1 water collection point for 300 people within a maximum distance of 500 metres) and access to family and community demonstration latrines in 50 per cent of the communes in rural areas;

(f) To reach universal primary education for 80 per cent of Vietnamese children, 50 per cent access to primary education for ethnic minority children and 30 per cent completion of primary education among children of ethnic minorities.

28. The Government is committed to supporting all sectoral objectives related to women's health and education, nutrition, child health, water supply and sanitation, basic education and children in difficult circumstances.

Primary health care

29. The programme consolidates previous experience into integrated support to the overall strengthening of PHC at the national level, in line with government priority in this sector. It focuses attention on the commune and district levels as the most important points for the delivery of PHC and referral services.

30. A broad-based approach to the revitalization of the PHC network is envisaged, maintaining the successful achievements of the expanded programme on immunization (EPI) and CDD and expanding the number of health interventions to tackle specific problems such as ARI, malaria and other common diseases.

Basic maternal and child care, including pre- and postnatal care, the identification of high-risk pregnancies, birth spacing, growth monitoring and promotion and parents' education will be given increased focus. Management processes for the efficient delivery of services will be improved at all levels and human resources development will receive increased attention.

31. Decentralized management will be emphasized and communities will be mobilized to continue to increase their support to basic health services. Given the various initial attempts of the country to experiment with user financing, the affordability of user fees and continued equity of access to care will be the main indicators of success in providing affordable quality care.

32. The main thrust of EPI will be sustainability, using the revised census figure of 1.9 million children. Efforts will be strengthened to incorporate EPI at the PHC level with other programmes linked to maternal and child health (MCH) activities. Other related activities include monitoring and evaluation, training, the provision of vaccines, strengthening of the cold chain, maintenance and repair of equipment, social mobilization and communications.

33. By 1995, the CDD programme will reach the most remote districts in the mountainous regions and highlands, where important sections of the population consist of several ethnic minorities and where health facilities are still insufficient. As part of the overall training strategy, the three regional diarrhoeal training units and the newly implemented mini diarrhoeal training units in four provinces will be consolidated, while 16 additional mini diarrhoeal training units will be implemented at the provincial level. The revision and adaptation of curricula contents in the faculties, medical and nursing schools will be pursued; the CDD curriculum will thus be introduced or reinforced in the 44 secondary medical schools and the eight high medical schools.

34. In the area of ARI, health workers and front-line staff at grass-roots levels, as well as paediatricians at the district level, will be trained. Sensitizing communities about the importance of ARI as a child-killer disease and educating families about home care and timely referral of severe cases will be actively pursued. Mortality and morbidity surveys will be conducted to evaluate the impact of the programme serving households and health facilities.

35. For trachoma control, around 250,000 children with active trachoma will be treated every year to reduce the incidence and severity of the disease in young children, achieving a 1 per cent yearly reduction of active forms. Medical cadres and health workers will be trained in trachoma prevention and control.

36. As part of malaria and dengue haemorrhagic fever control, basic surveys will be conducted in 10 commune health centres, two intercommunal polyclinics and one district hospital in four provinces representing different ecological zones (mountain regions in the north, the central regions, the highlands and

the southern regions). Training will be provided in the form of workshops on PHC, including activities for the reduction of malaria mortality, and refresher training will be conducted at different PHC levels. Within the PHC strengthening project, selected drugs will be provided while materials will be developed for training, health education and social mobilization. In addition to the production of specific documents concerning the prevention and treatment of malaria, other relevant materials will be edited for distribution by mass movements (Vietnamese Red Cross, Viet Nam Women's Union, etc.) and by the education sector.

Nutrition

37. Growth monitoring and promotion will be integrated with PHC at the grass-roots level. Monitoring of the nutrition status of pregnant women will also be linked to the maternal health project. Integrated training at different levels of the health delivery system will be carried out within the framework of the PHC/human resources development project. Nutrition communication and information will be enhanced in close coordination with the PHC and water supply and sanitation programmes.

38. Family food production, through the VAC (the Vietnamese acronym for "family garden, fish pond and small animal husbandry" that signifies integrated food production) ecosystem, will be developed in the PHC communes of concentration, with a special emphasis on balanced family diet, weaning food practices and exclusive breast-feeding until 4 to 6 months of age. Families in difficulties, especially those with malnourished children, will be accorded priority attention.

39. The control and prevention of three nutrient deficiencies will be pursued and extended. Iron deficiency control and prevention activities will be developed in association with the maternal health project and directed at pregnant women. The vitamin A deficiency control and prevention project component will be extended progressively to serve 80 per cent of the target population. The IDD control project will be consolidated in goitre-endemic areas. Safe water iodization will be promoted within the framework of the safe water supply project in the mountainous areas. This innovative approach will be extended to areas where iodized oil or salt distribution are not the most cost-efficient approaches.

40. The food and nutrition surveillance system will be progressively extended to 30 provinces. Collaboration will be continued with the WFP Project Food Aid to vulnerable groups, within the framework of PHC.

Rural water supply and sanitation

41. The programme for rural water supply and sanitation is a nationwide extension of the ongoing project. More than 50 per cent of the rural population in some southern provinces are already served by the project. Diverse low-cost technologies will be developed to meet the appropriate needs of areas where underground water is not easily available. About 150,000 new

water points, including 130,000 wells, will be added to the 40,000 wells implemented since the project started in 1982. Some 35 million inhabitants will be served with an average of 120 to 300 people per water point. The extremely low cost per beneficiary will be maintained through low-cost technology, cost-sharing and locally produced materials and equipment.

42. The main sanitation objective will be to disseminate appropriate technology to a large number of rural communes and hamlets through the construction of demonstration latrines. About 400,000 demonstration latrines in 5,000 rural communes (50 per cent of the total number of communes) will be supported, and social mobilization will be pursued. The UNFPA/UNICEF integrated project for family health will be extended beyond three provinces, depending on the results of the evaluation to be carried out. Outcomes of the integrated project such as baseline surveys, social mobilization activities, communication materials and deworming campaigns will be used in the ongoing sanitation project.

43. Health education in primary schools will also be carried out as part of the education programme. Primary schools will be equipped with simple but suitable water supply and sanitation facilities.

Education

44. Planned actions include the improvement of existing curricula for primary education and teacher training; the development of a training curriculum for multi-grade teaching; the improvement of children's learning conditions by upgrading schools and providing textbooks and basic learning aids; developing evaluation tools to assess learning achievements; implementing flexible classes for drop-outs and those aged 6 to 10 years who have never attended school to enable them to join regular school classes; improving teaching skills; and identifying learning problems to reduce repetition and drop-out rates. Pre-vocational orientation will continue to receive support as a key means of imparting basic skills to children. The programmes will be administered by the Ministry of Education for in-school activities and by the Vietnamese National Committee for Children for alternative basic education and youth activities. UNICEF staff will work with these organizations in monitoring activities and special outside consultants will be recruited when appropriate. Negotiations are under way with the Government to use cost-effective strategies for leveraging the future soft loans/grants from the World Bank ($60 million) and the Asian Development Bank (AsDB) ($70 million) towards primary education and secondary and vocational education, respectively. The aides-memoire to Viet Nam of both the World Bank and AsDB have taken note of UNICEF co-operation in these fields.

Women in development

45. Collaboration with the Viet Nam Women's Union will continue to focus on building its programming and communications capacities. The Viet Nam Women's Union will also assist in social mobilization and advocacy activities aimed at enhancing women's knowledge, status and role in a broad range of programmes.

46. Support will be provided to upgrade management skills through training of Viet Nam Women's Union cadres. Particular attention will focus on the communications section, which has been conducting field research to help design communication and education programmes to improve MCH. The section will receive training in using findings from quantitative research and in the preparation of culturally sensitive educational materials for semi-literate women. The programme will stress the use of a broad range of media to improve participation of Vietnamese women. It will also reinforce Viet Nam Women's Union activities to disseminate Facts for Life. The "to be a mother" project, which has received UNICEF support since 1981, will be evaluated to determine the nature of future cooperation.

Early childhood development

47. The early childhood infrastructure in Viet Nam, which consists of day-care centres and kindergartens, serves 2.4 million children between the ages of three months and six years each year. The early childhood development programme responds to the needs of very young children and their mothers, within the framework of child survival and development (CSD). The present programme attempts to sustain the declining IMR and morbidity rate in Viet Nam through proper stimulation and development activities.

48. There are three components in the early childhood development programme: integrated child development; parent education; and early childhood education. Some of the activities include the provision of a package of mutually supportive services such as parent education, health and nutrition; education of parents of children in day-care centres and kindergartens and related communities on growth monitoring, immunization and the importance of regular health check-ups; reinforcement of the monitoring system at the district and commune levels; and the development of new appropriate services in areas where day-care services do not exist. It is hoped that demand will be generated for integrated services for children and mothers through awareness-raising sessions among parents and the community, after which it is planned to have a phased expansion of the project to selected districts in 30 provinces. Services for an estimated 1 million young children and 700,000 mothers are foreseen. There will be substantial coordination with other UNICEF-assisted programmes such as health, water supply and sanitation and nutrition, especially the VAC household food security system.

Integrated education of the disabled child

49. Within the framework of universal primary education, the project promotes the integration of disabled children in regular kindergartens and primary schools. Integrated classes are established where disabled children have special courses. Those classes merge with the regular ones for subjects such as mathematics, art and music, however. Integrated classes cover the three kindergarten classes and the first cycle of primary education from grades 1 to 9.

Planning, monitoring and evaluation

50. To monitor the progress of Viet Nam towards its goals for the 1990s, cooperation is essential among the State Planning Commission, the General Statistics Office, the provincial and local governments and UNICEF. The State Planning Commission will select a number of districts in two or three provinces for implementation of this programme. They will be among the provinces and districts in which UNICEF cooperation has already been concentrated during the previous programme cycle: one in the north; one in the south; and one among the central provinces. The programme will seek to strengthen capacity at the local level for data gathering, as well as information analysis for planning and monitoring child-related activities. Similarly, at the national level, capacity will be enhanced for information gathering and management of programme planning and monitoring for CSD.

51. Appropriate training will be carried out at the provincial and district levels for the preparation of CSD intersectoral plans of action and for their implementation, monitoring and review. Training will also focus on improving skills for area management. Mechanisms will be established to promote intersectoral coordination at the national, provincial and local levels for child survival, monitoring and evaluation. Other planned activities include rapid appraisal and impact surveys in the project areas and the use of sentinel site methodology, as appropriate.

Cooperation with other partners

52. Cooperation will continue with UNDP, which coordinates operational and administrative matters concerning the United Nations; with WHO in EPI, CDD, ARI, PHC and Bamako Initiative programme activities; with UNFPA and the Japanese Organization for International Co-operation in Family Planning in an integrated project for family planning, parasite control, maternal and child care and sanitation; with UNFPA in the parent education project, with the United Nations Educational, Scientific and Cultural Organization acting as the implementing agency for UNFPA; and with WFP in the project on nutrition in PHC; UNICEF has been closely involved in the World Bank/UNDP mission for the water supply and sanitation sectoral study. UNICEF also had extensive consultations regarding the recently concluded studies by the World Bank and AsDB in the education sector.

53. Bilateral partners have included the Government of Australia in health and water programmes. Excellent cooperation has also been maintained with non-governmental organizations such as Radda Barnen (Sweden), World Vision International, the Centre Scientifique et Médicale de l'Université Libre de Bruxelles pour les Activités de Coopération in Belgium, the International Vitamin A Consultative Group and the Statistical Institute for Asia and the Pacific. A number of National Committees for UNICEF (Japan, Spain and the United Kingdom) also provided assistance during the year.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Viet Nam (1989 and earlier years) — UNICEF country classification

Under-five mortality rate	84	(1989)	High U5MR
Infant mortality rate	61	(1989)	High IMR
GNP per capita	$ 240	(1987)	Low GNP
Total population	65 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	1631	1973	1976	2022
Infant deaths (under 1)	(thousands)	207	164	138	123
Under-five deaths	(thousands)	289	229	194	170
Under-five mortality rate (per 1,000 live births)		177	116	98	84
Infant mortality rate (under 1) (per 1,000 live births)		127	83	70	61

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1989)	Moderate & severe	..	42
	Severe	..	14
Babies with low birth weight (%, 1980/1989)		21*	17*
Children completing primary level (% of first grade, 1980/1988)		..	57*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1989)		../../..	96*/ 93*/ 49*
Prevalence of wasting (%, 1980/1986)		..	12
Prevalence of stunting (%, 1980/1986)		..	60a/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		96	105
Food production per capita index (Index 1979-1981=100, 1980/1989)		102	113
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			17
Access to health services	Total	..	80
(% of population, 1980/1985)	Urban/rural	../..	100 /75
Access to safe water	Total	..	46
(% of population, 1980/1985)	Urban/rural	../ 32	70 /39
Access to adequate sanitation	Total	..	13*
(% of population, 1980/1989)	Urban/rural	../ 55	40*/ 10*
Births attended by trained personnel (%, 1980/1989)		..	95*
Maternal mortality rate (per 100,000 live births, 1979/1986)		..	140

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	..	50	64	94
	DPT	..	42	56	88
	Polio	..	62	58	89
	Measles	..	19	54	89
Pregnant women (%) immunized against	Tetanus	..	..	0	18

TABLE 1 (continued)

Viet Nam

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	111/ 96	101/ 86
(%, 1980/1986)	Male	114/ ..	107/ ..
	Female	107/ ..	94/ ..
Secondary enrolment ratio (gross/net)	Total	40/ ..	43/ ..
(%, 1980/1986)	Male	42/ ..	44/ ..
	Female	38/ ..	41/ ..
Adult literacy rate, 15 years & older	Total	..	84
(%, 1970/1985)	Male/female	../ ..	90/ 80
Radio/television sets			
(per 1,000 population, 1980/1988)		100/33	103/34

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	42.7	53.7	59.9	65.3	82.4
Population aged 0-15 years	(millions)	..	24.3	25.8	27.4	31.3
Population aged 0-4 years	(millions)	..	8.4	9.0	9.2	10.3
Urban population (% of total)		18	19	20	22	27
Life expectancy at birth	Total	49	57	60	62	67
(years)	Male	47	55	58	60	65
	Female	52	60	62	64	69
Total fertility rate		5.9	5.2	4.5	3.9	3.1
Crude birth rate (per 1,000 population)		38	37	33	31	26
Crude death rate (per 1,000 population)		15	11	10	9	7

		About 1980	Most recent
Contraceptive prevalence rate		..	20
(%, 1976/1982)			
Population annual growth rate	Total	..	2.2
(%, 1965-1980/1980-1989)	Urban	4.1	3.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		..	..
Population in absolute poverty	Urban/rural	../..	../ ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	../..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	../ ..	6*/ 7*
(% of total expenditure, 1980/1985)	Defence	..	..
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	$US millions	229	150
(1980/1988)	As % of GNP	..	..
Debt service			
(% of goods & services exports, 1980/1988)		..	..

a/ Aged 0-59 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1990

(In thousands of United States dollars)

COUNTRY: VIET NAM
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $24,000,000

	Supplies and equipment (incl. freigh		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	5369	3796	323	13	228		506	21	6426	3830	10256
Water supply and sanitation	2768	1794	65	6	770		179	52	3782	1852	5634
Nutrition	835	715	124	39	314	4	151	70	1424	828	2252
Education	2026	224	222	26			168	13	2416	263	2679
Community organization and development	945	372	76	26	5		158	76	1184	474	1658
Young child development	388	76	42	50			79	27	509	153	662
Women-centred programme	73		84				17		174		174
Children in especially difficult circumstances		19		4		1		14		38	38
Advocacy					1		6		7		7
Emergency	274	340	9	27			9		292	367	659
Planning and project support	608	12	21		656		304	5	1589	17	1606
Freight	475	99							475	99	574
GRAND TOTAL	13761	7447	966	191	1974	5	1577	278	18278	7921	26199

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: VIET NAM Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	2800	2800	2800	2800	2800	14000
	FSF	682					682
	NSF	2300	2300	2300	2300	2300	11500
Water supply and sanitation	GR	1600	1600	1600	1600	1600	8000
	NSF	4950	4950	4950	4950	4950	24750
Nutrition	GR	600	600	600	600	600	3000
	FSF	67					67
	NSF	450	450	450	450	470	2270
Household food security	GR	230	230	230	230	230	1150
	FSF	10					10
	NSF	300	300	300	300	280	1480
Education	GR	1000	1000	1000	1000	1000	5000
	NSF	1000	1000	1000	1000	1000	5000
Young child development	GR	775	775	775	775	775	3875
	FSF	10					10
	NSF	800	800	800	800	800	4000
Women-centred programme	GR	165	165	165	165	165	825
	NSF	200	200	200	200	200	1000
Children in especially difficult circumstances	GR	50	50	50	50	50	250
	FSF	56					56
Social mobilization and advocacy	GR	60	60	60	60	60	300
Planning and social statistics	GR	150	150	150	150	150	750
Programme support	GR	570	570	570	570	570	2850
TOTAL	GR	8000	8000	8000	8000	8000	40000
	FSF	825					825
	NSF	10000	10000	10000	10000	10000	50000
GRAND TOTAL		18825	18000	18000	18000	18000	90825

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: VIET NAM	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	6	1382862
Local national Professional and General Service established posts	2	517429
Operating costs		523812
Total	8	2424103
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	11	2349000
Supplementary funds	1	203000
Local national Professional and General Service project posts		
General resources		
Supplementary funds		
Total	12	2552000

a/ For information source, see 1992 post authorization table, dated January 1991.

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21 January 1991

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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Algeria

The Executive Director recommends that the Executive Board approve the country programme of Algeria for the period 1991 to 1995 in the amount of $3,750,000 from general resources, subject to the availability of funds, and $2,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

CONTENTS

Page

The situation of children and women 3

Programme co-operation, 1986-1990 4

Recommended programme co-operation, 1991-1995 6

List of tables

1. Basic statistics on children and women 10

2. Expenditure under previous co-operation period, 1986-1990 12

3. Planned expenditure, 1991-1995 13

4. Staffing from budget and programme funds 14

THE SITUATION OF CHILDREN AND WOMEN

1. Algeria is a country of 2.4 million square kilometres and a population of 25 million people, which has grown at an annual rate of 2.7 per cent since 1988. Some 44 per cent of the population is under 15 years of age.

2. Oil price fluctuations and economic recession have lowered per capita income and purchasing power, increased foreign debt and exacerbated both unemployment rates and a severe housing shortage. Inflation rose from 9 per cent in 1989 to 15 per cent in 1990.

3. Since 1988, there has been a shift from a centrally planned to a free market economy. In 1990, a multi-party political system was introduced, with national elections scheduled for early 1991.

4. Disparities exist between densely populated urban areas and dispersed rural areas. Moderate malnutrition among children dropped from 28 per cent in 1975 to 11 per cent in 1987, although there is a higher prevalence of severe malnutrition in cities than in rural areas.

5. Improved access to free health care services has contributed to halving the infant mortality rate (IMR) from 130 to 59 per 1,000 live births between 1970 and 1989.* However, the maternal mortality rate (MMR) continues to average 130 per 100,000 live births, even with 71 per cent of deliveries taking place in health facilities. Neonatal deaths account for more than 30 per cent of IMR, owing mostly to tetanus, birth trauma, prematurity, low birth weight and congenital abnormalities. Acute respiratory infections (ARI), the cause of 15 per cent of infant deaths, are found to be particularly severe in cold mountainous and desert areas. Between 1979 and 1988, 49 per cent of infant mortality in hospitals in Algiers were attributed to diarrhoea-related dehydration.

6. High vaccination coverage of infants reduced measles incidence to less than 20 cases per 100,000 inhabitants in 1989, and poliomyelitis to less than 0.1 cases for 100,000 inhabitants. Tetanus toxoid immunization coverage of pregnant women has remained low at 7.5 per cent because it had not been considered a priority by the Ministry of Health and had not been included in the national immunization programme.

7. The situation of women varies between equal opportunities for education and employment in urban areas to high illiteracy and MMRs in rural areas. Breast-feeding is declining, particularly in urban areas, as women leave home for work and buy powdered milk at subsidized prices.

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* Government estimates of IMR and the under-five mortality rate (U5MR) at 59 and 71 per 1,000 live births, respectively, are lower than the United Nations Population Division estimates of 73 and 107, respectively, in 1988.

8. Two thirds of the population have access to safe drinking water and 71 per cent to sanitation facilities, although this falls to less than 50 per cent for water and 40 per cent for sanitation in rural and dispersed areas. Efforts have been made to improve water quality and expand waste disposal systems throughout the country. Sources of drinking water were registered, cleaned and disinfected, using bricks for low-cost chlorination techniques and providing adequate chlorine levels for three to six months.

9. Universal education has been another government priority, as reflected in its 21 per cent allocation of the national budget. In 1989, however, nearly 7 million Algerians were considered illiterate, of whom 64 per cent were women. While 87 per cent of 10- to 14-year-old girls in urban areas are enrolled in schools, only 47 per cent are enrolled in rural wilayate (governorates). As the distance increases between home and school, enrolment declines in these regions. This is exacerbated by the shortage of transport, canteens and social values attached to girls' education. Overall, the number of vocational training schools is low, while the 31 per cent unemployment rate for educated youth 20-24 years old adds to social instability and government concerns.

10. Children in difficult circumstances are a growing concern. Rapid urbanization, crowded housing and social restrictions are creating social outcasts, child workers and street children. Children born out of wedlock and abandoned in institutions are of particular concern; IMR of children in this category is high, at an estimated 300 per 1,000 live births.

PROGRAMME CO-OPERATION, 1986-1990

11. The UNICEF programme of co-operation was aimed at reducing infant and childhood mortality through low-cost, high-impact interventions such as immunization, the control of diarrhoeal diseases (CDD) and the improvement of maternal and child health (MCH) services. UNICEF collaboration was catalytic, technical and of modest financial dimensions.

12. To achieve universal immunization, national acceleration campaigns were organized almost every year through extensive involvement of the mass media, religious leaders and schoolteachers. The Government bore the major cost of vaccines and equipment for the expanded programme on immunization (EPI) and spent $5 million in 1990. UNICEF assistance in 1989 and 1990 helped to sustain EPI despite an economic crisis. Polio vaccines obtained through Rotary International, cold-chain maintenance training for 3,000 paramedical staff and logistical support were provided by UNICEF. Decentralized management to the wilaya level, new follow-up procedures for second and third doses of vaccines and the introduction of one standard vaccination card throughout the health delivery system strengthened routine vaccination services in all 4,000 government health facilities. Every wilaya was provided with a computer in order to improve the national reporting system through constant monitoring of immunization coverage.

13. To reduce mortality due to diarrhoeal diseases, UNICEF assisted in the development of a national production capacity for oral rehydration salts (ORS). In 1990, 3 million sachets were produced, meeting 30 per cent of domestic needs. The 1989 CDD campaign trained 500 CDD managers and 8,000 medical staff in case management and prevention of dehydration through oral rehydration therapy (ORT). Extensive use was made of radio, television and the print media to increase public awareness and demand for ORT, as well as water quality and sanitation issues. Some 40,000 manuals on the prevention and treatment of diarrhoea and 100,000 posters were developed for distribution to primary schools and health facilities.

14. Social mobilization contributed to high EPI coverage and the promotion of ORT. The co-operation of those not traditionally involved in health promotion activities has contributed to rapid improvement in child survival and development. Social communication capacity was strengthened by working with the National Film Agency to produce educational materials for dissemination through the mass media. The Health Education Unit of the Ministry of Health was also strengthened to produce communication materials directed towards government health and other staff.

15. Preoccupation with the achievement of universal child immunization and CDD targets overshadowed other projected areas of co-operation, namely ARI control and the improvement of antenatal care and child delivery praccices. A pilot MCH project, started in Blida wilaya in 1989, remains in the early stages of implementation owing to administrative and logistical difficulties.

16. Decentralized authority to the wilaya level, backed by administrative autonomy, skilled personnel and equipment, has led to more effective management of EPI. The development of a computerized monitoring system can provide faster feedback to each wilaya, for more efficient planning and reporting. This system will be expanded for the implementation of other child survival activities.

17. Given the high quality of civil servants, institutional strengths and government priorities in the social sector, UNICEF will continue to be most effective in Algeria by capitalizing on previous intersectoral social mobilization and advocacy efforts. National economic difficulties, however, may lead to the inclusion of offshore supply purchases in the new UNICEF programme.

18. The programme aims to promote child survival, development and protection through co-operation in the fields of health, education, children in difficult circumstances and social mobilization.

Health

19. The overall objectives of the programme are to reduce IMR from 59 to 40 per 1,000 live births, the U5MR from 71 to 50 per 1,000 live births and MMR from 130 to 100 per 100,000 live births by 1995. The programme includes five projects: MCH, EPI, CDD, ARI and the prevention and rehabilitation of childhood disability.

RECOMMENDED PROGRAMME CO-OPERATION, 1991-1995

Recommended general resources: $3,750,000
Supplementary funds: $2,500,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 460	1 270	2 730
Education	1 490	1 230	2 720
Children in especially difficult circumstances	250	-	250
Social mobilization and advocacy	270	-	270
Programme support	280	-	280
Total	3 750	2 500	6 250

a/ The breakdown for estimated yearly expenditures is given in table 3 below.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

20. Maternal health, nutrition and education are key determinants in reducing IMR, MMR and the incidence of low birth-weight children. Traditional birth attendants and health staff will be trained in safe motherhood, at-risk pregnancy identification and birth spacing. They will accompany mobile EPI teams to rural and dispersed population areas to identify and refer pregnant women at risk in order to increase the number of assisted deliveries from 71 to 80 per cent. The Blida MCH project will be evaluated with a view to replication, particularly in urban areas. Growth monitoring will be instituted for the early detection and monitoring of malnourished children and to detect any negative effects of economic adjustment measures. Breast-feeding, weaning and complementary feeding practices will be promoted through relevant communication channels. The database of the EPI monitoring system will be expanded to monitor service coverage indicators.

21. The EPI project aims to (a) increase and sustain 90 per cent coverage for the three doses of combined diphtheria/pertussis/tetanus and oral polio

vaccine and one dose each of anti-tuberculosis and measles vaccines; (b) eradicate polio by 1995; and (c) eliminate neonatal tetanus by the year 2000. UNICEF will support training of mid-level managers at the governorate level and ensure that remote wilayate are adequately equipped with a cold chain that is properly maintained. To reduce geographic disparities, UNICEF will provide assistance for EPI accelerations in the 19 wilayate where coverage levels are below 80 per cent. Tetanus toxoid coverage will be promoted and monitored as part of EPI to cover 80 per cent of pregnant women with two doses by 1995. UNICEF will give support to increase the role of the media in educating the public. Technical support for evaluation and improved disease surveillance will also be provided.

22. The CDD project aims to halve diarrhoea-related mortality by establishing rehydration corners in every wilaya, beginning at hospitals and health centres with medical supervision and moving to peripheral health units providing MCH services. The target is to cover 80 per cent of existing health centres within five years. Support will include training of 80 per cent of medical and paramedical personnel throughout the country; production of training and educational material; and study tours in countries where such projects have been successfully implemented. Breast-feeding practices will be promoted to reduce the incidence of diarrhoea among infants. The use of human milk substitutes and of harmful or unnecessary anti-diarrhoeal drugs will be discouraged by seeking the assistance of pharmacists to distribute ORS sachets and provide families with the proper information on how to dilute them and rehydrate children. The mass media will disseminate information, particularly during the summer months when diarrhoeal incidence peaks, to promote personal and environmental hygiene and generate more public demand for ORS. The existing EPI monitoring system will be expanded to report on diarrhoeal incidence and treatment with ORT. The effectiveness of water chlorination in reducing the incidence of diarrhoeal diseases will be evaluated.

23. The reduction of ARI-related childhood mortality is a new national health objective. It aims to ensure that 90 per cent of children who suffer from lower respiratory tract infections are treated with an appropriate course of antibiotics, and that 80 per cent of mothers recognize the most severe symptoms of ARI by 1995. Baseline data and specific targets will be set during the first phase of the project. UNICEF will provide technical assistance to establish a national ARI plan of action; train health personnel on standard treatments; promote public awareness; and integrate ARI into regular primary health care services. This includes monitoring ARI incidence through the nation-wide EPI reporting system.

24. The childhood disability prevention and rehabilitation project aims to minimize childhood disabilities from preventable causes, promote early detection and develop family and community-based rehabilitation for disabled children. Consanguinity, poor maternal and child nutrition, vitamin A and iodine deficiency and vaccine-preventable diseases are some of the contributing causes of childhood disabilities. The objectives are to ensure that at least 50 per cent of newborns delivered in health institutions and 50 per cent of children under five years of age are properly screened for

congenital and acquired impairments. UNICEF assistance will be provided for a baseline study to assess the magnitude of the problem; mobilize all possible communication channels to reach at least 80 per cent of families with information on the prevention, early detection and rehabilitation of disabilities; and train 50 per cent of health workers in early detection of impairments and disabilities. Community-based rehabilitation will be promoted in a few selected wilayas by training social workers to give support and technical advice to families for the care of their disabled children.

Education

25. In line with the Jomtien Declaration at the 1990 World Conference on Education for All, the Government has set national goals for universal access to primary education for girls as well as boys, and for halving the adult illiteracy rate, especially among women, by the year 2000. A national task force will be established to oversee achievement of the Education for All goals.

26. The basic education project will address the low primary school enrolment rates of 6- to 15-year-old girls in rural and dispersed population areas of the country. UNICEF will advocate and support the full implementation of the 1976 compulsory education law. UNICEF support will include knowledge, aptitude and practice surveys to develop action programmes, social mobilization and education activities to address problems initially in four rural wilayate - Adrar, Mostaganem, Medea and Ain Defla.

27. To improve MCH, better health habits will be promoted by incorporating health education concepts into school curricula. The school's role in community health action will also be promoted through joint community school initiatives to improve local surroundings. Activities will include teacher training, the revision of school curricula and the preparation of audio-visual materials for training and advocacy. These activities will draw upon the Action-Oriented School Health Project, being implemented jointly in six Arab countries by UNICEF, the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

28. The female literacy project has two objectives: to reduce geographical and gender disparities in literacy rates; and to introduce MCH information into ongoing literacy programmes. The goal is to raise female literacy from less than 40 to 70 per cent by 1995. The project will also focus its activities in the four wilayate where girls' education will be the focus of UNICEF assistance. In those wilayate, UNICEF will provide support to train the trainers and mobilize all possible channels of social action - including government administrators, religious leaders, teachers, health workers and local non-governmental organizations (NGOs) - to advocate increased female literacy.

29. Assistance will be provided to the National Institute for Literacy to develop, in co-operation with the United Nations Population Fund and WHO,

curricula, textbooks and teaching methods more adapted to women's conditions and aimed at increasing their knowledge of maternal and child issues, treatment of diarrhoeal dehydration, birth spacing practices and personal and environmental hygiene.

Children in especially difficult circumstances

30. In a first phase of the programme, objectives are to (a) assess the social magnitude of children without families, child delinquency, working children and child abuse; and (b) reduce IMR of children living in maternity homes and orphanages, estimated at 300 per 1,000 live births. UNICEF assistance will initially be given to collect data and expose government and NGO counterparts to successful and viable alternatives to institutional placement. Support will also be given to improve existing services through training of social workers and staff in orphanages. In the second phase, alternatives to institutional placement will be sought to ensure the future integration of those children in society. NGOs will be assisted and encouraged to take a more active role in the care and future vocational training of these children.

Social mobilization and advocacy

31. While social mobilization activities are taken into account in every project, this programme aims to (a) ensure a "first call" on national resources for children; (b) monitor and advocate the implementation of global goals and strategies for children in the 1990s; and (c) promote Facts for Life and public education through the mass media and other channels of communication. UNICEF will promote the principle of "first call" starting from the highest political levels and continue to strengthen the delivery capacity of information and communication sectors at central and regional levels. Ratification of the Convention on the Rights of the Child will be sought, as will the endorsement of the 1990 World Declaration and Plan of Action on the Survival, Protection and Development of Children. UNICEF will assist government counterparts to develop plans for mobilization of all possible educational channels. UNICEF will also provide assistance in defining national indicators needed to monitor progress and achievement of these goals for children.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Algeria (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	102	(1989)	High U5MR
Infant mortality rate	70	(1989)	High IMR
GNP per capita	$ 2360	(1988)	Upper-middle GNP
Total population	24 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	677	798	822	837
Infant deaths (under 1)	(thousands)	95	80	67	59
Under-five deaths	(thousands)	141	117	98	85
Under-five mortality rate (per 1,000 live births)		209	147	119	102
Infant mortality rate (under 1) (per 1,000 live births)		141	100	81	70

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	10
	Severe	..	..
Babies with low birth weight (%, 1979/1988)		12	9*
Children completing primary level (% of first grade, 1980/1987)		83*	90

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1985)		../../..	../../..
Prevalence of wasting (%, 1980/1985)		..	..
Prevalence of stunting (%, 1980/1987)		..	13a/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		109	112
Food production per capita index (Index 1979-1981=100, 1980/1989)		107	93
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			16
Access to health services	Total	..	88
(% of population, 1980/1985)	Urban/rural	../..	100/ 80
Access to safe water	Total	77	68
(% of population, 1975/1985)	Urban/rural	../..	85/ 55
Access to adequate sanitation	Total	..	57
(% of population, 1980/1985)	Urban/rural	../..	80/ 40
Births attended by trained personnel (%, 1980/1984)		..	15
Maternal mortality rate (per 100,000 live births, 1978/1987)		140	..

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	59	90	..	96
	DPT	33	60	65	81
	Polio	30	60	65	81
	Measles	17	68	58	73
Pregnant women (%) immunized against	Tetanus	..	..	..	..

/...

TABLE 1 (continued)

Algeria

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	95/ 81	96/ 89
	Male	108/ 91	105/ 97
	Female	81/ 71	87/ 82
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	33/ ..	62/ ..
	Male	40/ ..	71/ ..
	Female	26/ ..	53/ ..
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	25	49
	Male/female	39/ 11	63/ 35
Radio/television sets (per 1,000 population, 1980/1988)		221/ 69	229/71

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	13.7	18.7	21.8	24.3	32.9
Population aged 0-15 years	(millions)	..	9.1	10.6	11.3	14.2
Population aged 0-4 years	(millions)	..	3.4	3.9	3.8	4.6
Urban population (% of total)		40	43	48	51	60
Life expectancy at birth (years)	Total	53	59	62	65	69
	Male	52	58	61	64	67
	Female	54	60	63	66	70
Total fertility rate		7.4	6.8	5.9	5.2	4.0
Crude birth rate (per 1,000 population)		49	43	38	34	32
Crude death rate (per 1,000 population)		16	12	9	8	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1977/1987)		7	..
Population annual growth rate (%, 1965-1980/1980-1989)	Total	3.1	2.9
	Urban	3.8	4.7

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		4.2	0.0
Inflation rate (%, 1965-1980/1980-1988)		10	4
Population in absolute poverty (%, 1977/1988)	Urban/rural	20/..	../ ..
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../..	../ ..
Government expenditure (% of total expenditure, 1980/1988)	Health/education	../ ..	../ ..
	Defence	..	..
Household expenditure (% of total income, 1980-1985)	Health/education		../..
Official development assistance: (1980/1988)	$US millions	176	137
	As % of GNP	0	0
Debt service (% of goods & services exports, 1980/1988)		26	71

a/ Aged 24-48 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990

(In thousands of United States dollars)

COUNTRY: ALGERIA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $295,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	297	173	4		6		29		336	173	509
Advocacy	1	12	34	17			1	2	36	31	67
Planning and project support	4		6		43		123		176	0	176
GRAND TOTAL	302	185	44	17	49	0	153	2	548	204	752

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: ALGERIA Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	290	400	445	260	115	1510
	NSF	265	370	390	175	70	1270
Education	GR	275	445	445	225	100	1490
	NSF	250	365	365	150	100	1230
Children in especially difficult circumstances	GR	40	40	40	40	40	200
Social mobilization and advocacy	GR	60	60	50	50	50	270
Programme support	GR	80	50	50	50	50	280
TOTAL	GR	745	995	1030	625	355	3750
	NSF	515	735	755	325	170	2500
GRAND TOTAL		1260	1730	1785	950	525	6250

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: ALGERIA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	1	257
Local national Professional and General Service established posts	7	288
Operating costs		244
Total	8	789
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources		
Supplementary funds		
Local national Professional and General Service project posts		
General resources	4	167
Supplementary funds		
Total	4	167

a/ For information source, see 1992 post authorization table, dated January 1991.

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1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Sudan

The Executive Director recommends that the Executive Board approve the country programme of the Sudan for the period 1991 to 1995 in the amount of $25 million from general resources, subject to the availability of funds, and $50 million in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
The situation of children and women	2
Programme cooperation, 1987-1990	3
Recommended programme cooperation, 1991-1995	7

List of tables

1.	Basic statistics on children and women	14
2.	Expenditure under previous cooperation period, 1987-1990	16
3.	Planned expenditure, 1991-1995	17
4.	Staffing from budget and programme funds	188

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990 will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

THE SITUATION OF CHILDREN AND WOMEN

1. The Sudan, the largest country in Africa in physical terms, covers 2.5 million square kilometres, of which 30 per cent is largely uninhabited desert. In 1989, the under-five child population was estimated at 4.6 million and there were 5.6 million women of child-bearing age. The population, growing at an annual rate of 2.9 per cent, is expected to double in 22 years.

2. Agriculture is the mainstay of the economy. However, a November 1990 crop assessment mission undertaken by the Food and Agricultural Organization of the United Nations (FAO) predicted that in 1991 agricultural output will be down by 40 per cent and grain production will be 1.2 million tons below subsistence levels. Panic sales of livestock have started, and in north Kordofan and north Darfur, drought has prompted large-scale population movements.

3. Displaced persons have migrated to urban centres, particularly to the capital, Khartoum, where the population increased from 250,000 in 1956 to 1.8 million in 1983 and to 3.8 million in 1990. An estimated 1.8 million recent migrants live in squatter settlements and in shelters made of old sacks and cardboard.

4. In 1988, the infant mortality rate (IMR) was as high as 107 per 1,000 live births and the under-five mortality rate (U5MR) was 181 per 1,000 live births. In Darfur and Kordofan, IMRs are over 200 per 1,000 live births. The main causes of infant mortality are diarrhoea (27 per cent), malaria (18.5 per cent), tetanus (18.4 per cent), respiratory diseases (12 per cent) and prematurity (9 per cent). The underlying causes are poor hygiene, inadequate and unsafe drinking water, poor sanitation facilities, malnutrition, inappropriate weaning practices and poverty. Maternal mortality rates (MMRs) range from 541 to 2,270 per 100,000 live births, with a national average of 655 according to 1985 figures of the World Health Organization (WHO).

5. Malnutrition is a very serious problem, affecting 70 per cent of rural and 28 per cent of urban children. Recent surveys in 27 camps in Khartoum revealed that between 14 and 29 per cent of children under-five years old were malnourished (below 80 per cent weight for height). Vitamin A deficiency, prevalent in up to 10 per cent of children, places children in camps at particular risk. Vitamin C deficiencies have appeared recently, and iodine deficiency is common in south Darfur and the Central Region.

6. Currently, 49 per cent of primary school-age children are enrolled in schools. Of these, 59 per cent are boys and 41 per cent are girls, a marked improvement in girls' enrolment since 1971 when it was 31 per cent. Civil conflict, however, has brought the educational system to a standstill in the south. In the north, drought, displacement and economic difficulties are creating a similar situation. The overall literacy rate is extremely low, estimated at 23 per cent in 1985 (39 per cent for males and 10 per cent for females). In rural areas, over 90 per cent of women are illiterate.

7. Based on the 1983 census, 30 per cent of women above the age of 10 years are economically active, 85 per cent of them in farming and agriculture. Women also do over 70 per cent of domestic work. Rural women typically walk 3 to 5 kilometres to fetch water and fuelwood for their families and, in desertified areas, women may travel up to three days in search of water and fuel. Water and fuel collection consumes 21 per cent of a woman's time; farming, 45 per cent; and child care only 8 per cent. Around 50 per cent of the urban population have access to clean water compared with only 20 per cent in rural areas. In Kordofan, Darfur and parts of the Eastern Region, poor access to water and the associated widespread deaths of livestock are causing large-scale population movements.

PROGRAMME COOPERATION, 1987-1990

Primary health care/maternal and child health programme

8. UNICEF supported the policy of the Ministry of Health in the planning, management and implementation of the health area concept. Supplies were provided in support of primary health care (PHC)/maternal and child health (MCH) activities, particularly in rural areas such as Darfur and Kordofan. The training of traditional birth attendants (TBAs) was supported and midwifery kits were provided to trainees.

Expanded programme on immunization

9. Major progress has been made, with full immunization coverage increasing from 4 per cent in 1984 to 59 per cent by the end of 1989. As of the end of September 1990, projected coverage rates for tuberculosis vaccine stood at 91 per cent, for three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine at 73 per cent and for measles vaccine at 61 per cent. The drop-off rate between the first and third dose of DPT3 vaccine has been sharply reduced from 50 per cent in 1981 to 19 per cent in 1990. However, EPI coverage varies regionally, with Darfur, Kordofan and the Eastern Region having lower levels. Through sustained efforts, immunization coverage in garrison towns such as Juba has tripled to about 74 per cent in only three months. An innovative programme linking child immunization to the channels and infrastructure for cattle immunization in Eastern Equatoria has raised measles coverage there to an estimated 75 per cent. Based on mid-1990 statistics, about 25 per cent of pregnant women between 15 and 44 years of age have been vaccinated with two doses of tetanus toxoid (TT2). However, with the recent change in the policy of the Ministry of Health to extend tetanus toxoid immunization to all women 15 to 44 years old, coverage as a percentage of the new denominator has dropped to 13 per cent.

10. Four main factors underlie the success of the expanded programme on immunization (EPI): (a) a combination of political will and social mobilization; (b) the strengthening of health and immunization services, particularly the cold chain, supplies and logistics and manpower training; (c) the adoption of a mobile strategy for outreach services; and (d) assured funding from UNICEF for programme implementation.

Control of diarrhoeal diseases

11. According to the 1990 demographic health survey, 36 per cent of children received oral rehydration therapy (ORT), either from an oral rehydration salts (ORS) packet or from a recommended home solution during their most recent diarrhoeal episode. Almost one half of the children in urban areas who had diarrhoea received ORT (46 per cent), compared with one third in rural areas. The success of the programme can be attributed to the intensive training of health staff during the past four years, with 616 ORT trainers from different regions trained by the end of 1989. These trainers, in turn, conducted control of diarrhoeal diseases (CDD)/ORT courses for 10,000 health workers and 1,900 non-health workers (teachers, Red Crescent volunteers, etc.). Six national ORT demonstration and training centres have been established. Since 1987, 100 ORT corners have been created in health facilities. A pilot study is also under way to investigate malnutrition as a causative factor of diarrhoeal diseases.

12. The CDD programme is pursuing government support for the local production of ORS, now impeded by the shortage of foreign exchange to import ingredients and the unfavourable exchange rate that makes locally produced ORS uncompetitive. The programme needs strengthening in overall supervision, disease surveillance and logistics. The seasonal incidence of diarrhoea also needs to be monitored, so that CDD activities can be increased during peak periods.

Acute respiratory infections programme

13. The acute respiratory infections (ARI) programme has made important progress in producing educational materials and communication messages and in training medical personnel. During the past three years, courses on ARI for supervisory staff were conducted in Khartoum, Port Sudan and Kassala (Eastern Region), and Wad Medani and Kosti (Central Region), with the participation of 400 physicians and nurses from health centres and rural and provincial hospitals. An additional three training and orientation courses on ARI were conducted for 52 doctors and pharmacists. Furthermore, 500 medical assistants were trained in ARI case management and prevention. Since ARI is one of the major causes of infant and child mortality, reinforcing the clinical management of ARI at the household and community levels and referral procedures at peripheral levels is crucial.

Nutrition

14. The programme had a three-pronged approach: (a) the emergency programme focused on food relief, supplementary feeding and the promotion of food production; (b) income-generating schemes, growth monitoring and supplementary feeding were promoted to combat long-term deficiencies; (c) health sector interventions addressed micronutrient deficiencies. Since 1981, the UNICEF/WHO Joint Nutrition Support Programme (JNSP) has supported growth monitoring in four provinces, and 220 health workers were trained in this area. Some 15,000 women participated in food production projects, and over

3,000 nutrition instructors were trained to support school gardening and nutrition education.

Basic education programme

15. The national education institute, Bakht-er-Ruda, initiated curriculum reform and developed programmes to improve teachers' skills, with topics geared towards child survival an development (CSD). CSD messages were also incorporated into adult education learning materials. In addition, workshops were organized to develop education planning capacity both nationally and regionally. Steps are under way to expand primary education by linking the community-based learning institutions, the khalwas (Koranic schools), with the formal education system. The action-oriented school health curriculum, a joint United Nations Educational, Scientific and Cultural Organization (UNESCO)/UNICEF/WHO initiative, is being introduced into the school system with trial lessons on health topics.

Rural water supply and sanitation programme

16. This programme continued to show outstanding progress. Against a cumulative target of 2,500 boreholes, some 3,800 were drilled by 1990 and 7,700 pit latrines were also constructed. The cost of drilling a borehole has also decreased, from $9,000 in 1985 to $3,600 in 1990. This success is due to UNICEF technical support, active community participation, social mobilization and the implementation of a production incentive system.

17. An outstanding achievement is the self-financing community hand-pump maintenance system, with regular random surveys in accessible areas indicating that close to 90 per cent of all hand-pumps are continuously in working order, owing largely to the maintenance role women play. Furthermore, the 1,000 village health committees involved have proved fully capable of managing their hand-pump water supplies. Sanitation targets were met and even surpassed, but latrine construction, not perceived as a felt need, did not keep pace with the hand-pump programme.

Debt relief for child survival

18. UNICEF has pioneered an initiative in the Sudan of debt swaps for child survival. Six leading international banks have contributed the outstanding debts owed them by the Government to UNICEF, with the concurrence of the Government. The debts have then been repurchased by the Government from UNICEF in local currency, with the proceeds going to the expansion of UNICEF-assisted water projects.

Children in especially difficult circumstances (street children)

19. UNICEF has assisted small-scale, experimental projects, supporting the Department of Social Welfare and non-governmental organizations (NGOs) in responding to the needs of street children with rehabilitation a key goal. The programme worked through NGOs to reunite street children with their

families in their home regions. Vocational training and basic education were provided at technical schools. UNICEF also supported a reception and rehabilitation centre in Khartoum where street children under 13 years old received free breakfasts, counselling, medical treatment and health education. A courier service, "SKI" (Street Kids Incorporated), managed by the children themselves, organizes the rapid delivery of newspapers and periodicals.

Area-based programme

20. UNICEF supported area-specific programmes in three disadvantaged areas: Red Sea Hills Province and Kordofan and Equatoria Regions in the south. With the outbreak of civil conflict in the south, activities in Equatoria became emergency-oriented under Operation Lifeline Sudan. In Kordofan, UNICEF supported income-generating activities for more than 15,000 women. Area-based planning was fully applied to the integrated programmes, which included home gardening, mechanized farming, handicrafts and female literacy. An external evaluation in 1990 noted significant improvement in leadership and management skills of women's groups.

21. In Red Sea Hills Province, UNICEF, in collaboration with WHO, supported the implementation of JNSP in seven districts. The PHC infrastructure was established and strengthened, and 220 volunteer community health workers (CHWs) were mobilized and trained. Some 2,100 essential drugs kits were distributed to primary health care (PHC) units in target districts. Communities participated in constructing 70 water embankments to increase food production. The programme was instrumental in expanding EPI, CDD and MCH activities. Income-generating and literacy components of the programme made very slow progress.

Emergency programme

22. In Operation Lifeline Sudan, over 2 million civilian victims of drought and armed conflict were provided with nearly 192,000 tons of food and over $20 million worth of other emergency assistance. Essential drugs and mass immunization programmes for children prevented epidemics. Water supply and sanitation services were provided, as were seeds, tools and basic education materials in this multi-agency operation.

23. Operation across conflict zones was made possible by the cooperation and commitment of the Government and the Sudan People's Liberation Movement. The initiative, which had the full support of major donors and the active involvement of United Nations agencies, the International Committee of the Red Cross and NGOs, averted a large-scale human tragedy and saved an estimated 250,000 lives. Operation Lifeline Sudan firmly established the principle that humanitarian relief should be provided in areas of civil conflict to all civilians in need and endorsed the free and safe passage of relief transport along defined "corridors of tranquillity". The operation is now serving as a model in other countries.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $25,000
Supplementary funds: $50,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	7 870	7 022	14 892
Nutrition	490	452	942
Water supply and sanitation	6 400	18 396	24 796
Basic education	2 230	6 570	8 800
Children in especially difficult circumstances	1 435	3 959	5 394
Area-based social development	1 590	6 231	7 821
Urban basic service	1 450	5 350	6 800
Women-centred programme	475	2 020	2 495
Planning and programme support	2 160	-	2 160
Social mobilization and advocacy	900	-	900
Total	25 000	50 000	75 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Goals and objectives

24. The immediate objective of the programme is to safeguard the survival of the over 2 million children under five years of age seriously at risk from the food emergency. Coverage with supplementary feeding and emergency services in health, water supply and sanitation, and environmental protection will be maximized. At the same time, the programme will strive to maintain progress towards the following interim goals for 1995: (a) to reduce IMR from the present 108 to 75 per 1,000 live births; (b) to reduce U5MR from an estimated 181 to 140 per 1,000 live births; (c) to reduce MMR from an estimated 655 to 500 per 100,000 live births; (d) to eliminate dracunculiasis (guinea worm disease); (e) to promote basic education for all children, especially girls; (f) to accelerate female literacy; (g) to help to increase the proportion of the population with access to safe drinking water from 30 to 50 per cent; and (h) to reduce severe malnutrition among children (0-5 years old) by one third by 1995.

Emergency and relief activities

25. Emergency and relief activities will be coordinated under the leadership of the Special Coordinator of the United Nations Secretary-General for Emergency and Relief Operations in the Sudan. Within this context, special funding appeals will be launched by UNICEF, similar to those launched in 1990.

26. The UNICEF emergency assistance programme will be targeted to children most at risk in drought areas (1 million), in camps for the displaced, in and around urban areas (500,000) and in the conflict zone (600,000) and will include four major components:

(a) The provision of supplementary feeding to an estimated 400,000 children and 500,000 pregnant, lactating, sick or elderly women who are at serious risk. UNIMIX, vitamins A and C, iron and folic acid will be supplied and distributed through feeding centres. Logistical support will also be provided. Surveys will identify those most at risk, and seeds and tools will be distributed prior to the next harvest;

(b) The integration of immunization and supplementary feeding activities, ORT and vitamin A, as well as life-saving drugs will be provided, and existing health units will be strengthened to provide emergency PHC;

(c) The provision of water and sanitation for those in greatest need, with the lowest cost technology that is feasible and rapidly implementable;

(d) The provision of emergency shelter materials such as blankets and plastic rolls. Temporary classrooms will be built and staffed by displaced teachers.

Regular programme activities

27. In 1991, the regular programme will primarily support the emergency programme. However, efforts will be made to sustain progress towards UNICEF goals for the 1990s so that regular programme operations in the post-emergency period can be quickly resumed.

Health

28. UNICEF will support the activities listed below.

29. Restructuring the PHC system. To improve access to and coverage of PHC services at the peripheral level, the Government has decided to decentralize its management to the health area level. The essential drugs and PHC support project was established to operationalize essential drugs supply and cost-recovery systems starting with three health areas in 1991 and gradually to replicate the systems in 50 per cent of the remaining 172 health areas of the country by 1995. The project is designed to restructure the PHC system following Bamako Initiative principles; to ensure the effective integration of all CSD activities within the PHC/MCH structure at the health area level; and to ensure the establishment of a workable PHC referral system. UNICEF will continue to work closely with WHO, NGOs and other agencies. National actions to prevent and control, notably, malaria, dracunculiasis and acquired immunodeficiency syndrome (AIDS) will be supported.

30. MCH. Existing MCH activities that have not yet been integrated will be reorganized to form a main core of PHC service delivery. As part of a national MCH personnel development strategy, 50 health visitors will be trained as trainers, who will, in turn, train 6,000 TBAs by 1995. TBAs will implement CSD activities, provide prenatal, natal and postnatal services and identify and refer high-risk pregnancies. UNICEF support will include the procurement of MCH supplies and drugs, staff training, operational research and communication activities. WHO will provide technical support and the United Nations Population Fund (UNFPA) will help to train TBAs and provide MCH supplies.

31. EPI. The main priority will be to consolidate and sustain universal child immunization by raising immunization coverage of children under one year old from the 1990 level to at least 80 per cent for each antigen by 1991, and sustaining this level thereafter. Coverage of women of child-bearing age with two doses of tetanus toxoid will also be increased to at least 90 per cent by 1995. Immunization activities will be introduced and institutionalized at all PHC/MCH facilities and hospitals, while existing mobile units will be phased out. UNICEF will continue to support the strengthening of management and supervision, the expansion of the cold-chain and maintenance systems and the provision of vaccines, needles and syringes and transport facilities. Support will also be provided to strengthen staff training, project monitoring and evaluation, advocacy and social mobilization activities.

32. CDD. Building national capacity in diarrhoea case management and prevention will be a major activity. The integration of CDD with other services, especially water supply and sanitation, will be among the priority strategies. UNICEF will support in-service training, refresher courses for middle- and senior-level management and pre-service training in schools and for volunteers. About 15 diarrhoea training units and 230 ORT corners will also be established. Communication and mobilization activities will be targeted to peak immediately before and during periods of highest diarrhoea incidence. UNICEF support will include the procurement of ORS, staff training, operational research and communication activities. WHO will provide technical support.

33. ARI. This project is operational in three of the country's nine regions, with an emphasis on early detection and case management at home. The project will be intensified and gradually introduced in the other regions by the end of 1995. UNICEF support will include technical assistance, shared training costs, the design and production of communication materials, monitoring, operational research and antibiotics supplied through the national essential drugs project. WHO will provide technical assistance.

Nutrition

34. UNICEF assistance will continue to focus on strengthening growth monitoring and community-based nutrition education; controlling iodine deficiency disorders; and providing Vitamin A to vulnerable groups, identified through an ongoing nutrition surveillance system. In emergency situations, UNICEF will also support supplementary feeding and non-food assistance. UNICEF, the United Nations Development Programme (UNDP), FAO and the World Food Programme (WFP) will assist the Government in establishing a food and nutrition surveillance system to plan intervention in case of crop failure or famine. Nutrition activities will be integrated with related PHC elements. UNICEF will continue to support school gardening, and close coordination will be maintained with the area-based programme on income-generating activities.

Water supply and sanitation hygiene education

35. The project will adopt a three-pronged strategy: (a) providing potable water rapidly and cost effectively through the drilling of small diameter boreholes fitted with hand-pumps; (b) making the formation of a health committee and the construction of household latrines conditions for the supply of potable water to a community; and (c) focusing on specific least-developed rural councils to demonstrate that a large network of hand-pumps, owned and partly paid for by the user community, can be maintained by the community and serve as a catalyst for improving environmental sanitation and personal hygiene. The project will be implemented in north and south Kordofan and, from 1994, in the Blue Nile Province. Production-based incentive schemes will be applied to increase project implementation rates and coverage. The involvement of women in health committees and as pump-mechanics will be emphasized. Gender discrimination will be minimized by ensuring that 50 per cent of women participate in maintaining hand-pump systems. Water

points will be provided to encourage home gardening activities. To increase girls' enrolment in primary schools, schools will receive water and sanitation facilities. Linkages will be strengthened with the CDD and area-based social development projects.

36. The project aims at providing 1 million people with hand-pump water supplies and some 160,000 people with improved sanitation through the construction of ventilated improved pit latrines. The project will drill 5,000 boreholes and install 5,000 hand-pumps. Some 20,000 ventilated improved pit latrines will be constructed on a self-help basis, in addition to 125 for primary schools and PHC units. Some 10,000 members of health committees, 2,000 village hand-pump mechanics and 50 rural council hand-pump technicians will be trained in organization and management of hand-pump water supplies, sanitation and CDD activities. Concerted efforts will be made to monitor the incidence of dracunculiasis and to plan for its prevention, control and eventual eradication. Government efforts to establish facilities to manufacture hand-pumps and spare parts will be supported. Social communication and mobilization activities and the monitoring of the cost-effectiveness of operations will form integral parts of the project.

Basic education

37. By 1995, the Government aims to reduce the female illiteracy rate by 50 per cent; increase primary school enrolment for both sexes to 75 per cent; and decrease the primary school drop-out rate from 31 to 20 per cent. Within this framework, UNICEF will accord priority attention to underserved regions and target populations in Darfur, Eastern and Southern Regions with special focus on the displaced. Innovative schemes to accelerate access of young girls and women to basic education to help them to achieve functional literacy will be emphasized. Support will also be provided to enriching the basic education curriculum content of the khalwas and promoting their linkage with the formal education system.

Urban basic services

38. This new component will consolidate UNICEF emergency inputs and development efforts to improve access to basic services for the displaced and the growing urban poor in Khartoum. Priority will be accorded to the acceleration of immunization efforts to achieve and sustain UCI in some 40 settlements for the displaced and 10 shanty towns in Khartoum. Community-based PHC will be strengthened. Support will be given to training new CHWs/communicators in 60 PHC units in settlements for the displaced and shanty areas; training and equipping TBAs; implementing the area-specific health delivery and referral system of the Khartoum health commission; and mobilizing and organizing displaced and urban poor communities to use CSD technologies and to assume basic management of community health services.

39. A government moratorium on establishing permanent and semi-permanent physical infrastructures in settlements for the displaced posed a major policy constraint to water supply. However, recently an agreement was signed between

UNICEF, co-operating NGOs and government agencies in Khartoum to permit the drilling of boreholes and installation of hand-pumps in such settlements in unplanned areas in the capital. Thus, UNICEF will assist in installing some 1,000 hand-pumps and constructing some 500 VIP latrines.

Children in especially difficult circumstances

40. The programme seeks to cushion the impact of drought and armed conflict upon displaced children; prevent a further increase of vagrancy; and rehabilitate existing street children and reunite them with their families. By 1995, the number of street children in Khartoum should be reduced by one half to 2,500. Another 6,000 children in settlements and shanty towns should be prevented from joining the ranks of street children. Community-based and family-oriented activities and approaches will be emphasized to promote the integration of children with their families. Development interventions will be expanded to include vocational skills training, functional literacy and small-scale, income-generating activities. The programme also seeks to establish linkages among NGOs and the Department of Social Welfare to promote concerted advocacy action for street children. A system will be established to monitor the status of children in difficult circumstances.

Area-based social development

41. The programme focuses on the underserved areas of Kordofan and Eastern Regions. In support of government decentralization efforts, strengthening of local-level planning and programme management capacity will be emphasized and training will be a major component. EPI, CDD, ARI, MCH, nutrition and essential drugs will be integrated into the PHC delivery system. Close linkages will be established with water supply, sanitation and basic education activities. Village committees will help to organize social mobilization activities for all programme components. The integrated women's project will emphasize food production and food security benefiting approximately 30,000 women.

Women in development

42. The programme integrates women's needs and concerns into the planning and implementation of all UNICEF-assisted programmes. In addition, the programme will play a major advocacy role in integrating women's issues into policies, plans and resource allocations at national, regional and peripheral levels. Priority focus will be placed on the girl child. The programme aims to reduce gender disparities in the provision and use of social development services; improve the status of women by focusing on ways and means to reduce their workload and raise their level of education; and improve their health and nutrition status by reducing MMR from 655 to 500 per 100,000 live births by the year 2000. Advocacy efforts will be pursued towards the formation of a general women's association. An advocacy plan will be prepared to address women's concerns and gender disparities, in collaboration with the Department of Social Welfare and Ministries of Information, Guidance and Education and interested NGOs.

Information, social communication and mobilization

43. Advocacy efforts will be intensified, capitalizing on the participation of the Sudan in the World Summit for Children, and its ratification of the Convention on the Rights of the Child, to ensure that CSD programmes are brought to the forefront of national policies and development planning. The strengthening of the information and communication institutional capacity at central, regional and community levels will be supported. The systematic use of traditional communication and electronic media will be encouraged to disseminate CSD messages using Facts for Life.

44. The programme will support the establishment of the national child council to promote the cause of children in national planning and development programmes and will assist the Government in preparing a 10-year national programme of action as a follow-up to the World Summit for Children.

Planning, monitoring and evaluation

45. The programme will rapidly provide information for emergency planning, and in the long term will establish a data reporting system on the condition of children and women and develop mechanisms to monitor and evaluate trends. Existing systems will be reviewed to assess coverage, methods of reporting and analysis and use of data, and national capacity to collect such data will be enhanced. A series of CSD indicators will be developed to measure programme impacts and cost-effectiveness.

Cooperation with the United Nations and other agencies

46. UNICEF cooperated with UNDP in women's development and drinking water and sanitation, with WHO in child survival and health, with UNESCO and WHO in health education activities in primary schools; with WFP, FAO and UNDP in Operation Lifeline Sudan and to establish a nutritional surveillance system; and with UNFPA and WHO insafe motherhood and the promotion of birth spacing. UNICEF also cooperates with bilateral agencies and NGOs to share information and exchange experience.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Sudan (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	175	(1989)	Very high U5MR
Infant mortality rate	105	(1989)	Very high IMR
GNP per capita	$ 480	(1988)	Low GNP
Total population	25 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	659	850	964	1061
Infant deaths (under 1)	(thousands)	100	106	109	111
Under-five deaths	(thousands)	167	179	183	186
Under-five mortality rate (per 1,000 live births)		254	210	190	175
Infant mortality rate (under 1) (per 1,000 live births)		151	125	113	105

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	..
	Severe	2	..
Babies with low birth weight (%, 1979/1985)		17	15*
Children completing primary level (% of first grade, 1980/1988)		..	61*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1985)		91/ 86/ 72	../../..
Prevalence of wasting (%, 1980/1987)		..	13a/
Prevalence of stunting (%, 1980/1985)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		101	88
Food production per capita index (Index 1979-1981=100, 1980/1989)		99	83
Household expenditure (% of total income, 1980-1985)	All food/cereals		60/..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			25
Access to health services (% of population, 1980/1985)	Total	..	51
	Urban/rural	../..	90 /40
Access to safe water (% of population, 1980/1985)	Total	40*	21*
	Urban/rural	../..	60*/10*
Access to adequate sanitation (% of population, 1980/1985)	Total	..	..
	Urban/rural	../..	.. /..
Births attended by trained personnel (%, 1981/1983)		23	60
Maternal mortality rate (per 100,000 live births, 1979/1983)		..	660

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	3	12	67	51
	DPT	1	8	53	41
	Polio	1	8	53	41
	Measles	1	6	57	34
Pregnant women (%) immunized against	Tetanus	1	3	20	25

TABLE 1 (continued)

Sudan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1985)	Total	50/ ..	49/ ..
	Male	59/ ..	59/ ..
	Female	41/ ..	41/ ..
Secondary enrolment ratio (gross/net) (%, 1980/1985)	Total	16/ ..	20/ ..
	Male	20/ ..	23/ ..
	Female	12/ ..	17/ ..
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	17	24
	Male/female	28/ 6	39/ 10
Radio/television sets (per 1,000 population, 1980/1988)		232/50	233/53

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	13.9	18.7	21.8	24.5	33.6
Population aged 0-15 years	(millions)	..	8.8	10.3	11.6	15.6
Population aged 0-4 years	(millions)	..	3.5	4.0	4.4	5.8
Urban population (% of total)		16	20	21	22	26
Life expectancy at birth (years)	Total	42	46	49	50	55
	Male	41	45	48	49	54
	Female	43	48	50	52	56
Total fertility rate		6.7	6.6	6.5	6.4	5.8
Crude birth rate (per 1,000 population)		47	47	45	44	41
Crude death rate (per 1,000 population)		22	18	17	15	12

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1989)		5	9
Population annual growth rate (%, 1965-1980/1980-1989)	Total	3.0	3.0
	Urban	5.1	4.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		0.8	-4.2
Inflation rate (%, 1965-1980/1980-1988)		12	34
Population in absolute poverty (%, 1977/1988)	Urban/rural	../ 85	../ ..
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../ ..	../ ..
Government expenditure	Health/education	1/ 10	../ ..
(% of total expenditure, 1980/1988)	Defence	13	..
Household expenditure (% of total income, 1980-1985)	Health/education		6/ 4
Official development assistance: (1980/1988)	- $US millions	583	923
	- As % of GNP	9	11
Debt service (% of goods & services exports, 1980/1988)		10	7

a/ Aged 0-59 months, Northern Sudan only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1990

(In thousands of United States dollars)

COUNTRY: SUDAN
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $15,500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	2667	7392	172	513	1861	1692	1085	6315	5785	15912	21697
Water supply and sanitation	1879	7431	56	130	2986	429	1158	1001	6079	8991	15070
Nutrition	84	606	40	109	191	329	85	730	400	1774	2174
Education	812	86	171		20		235	120	1238	206	1444
Community organization and development	189	337	33	43	527		170	217	919	597	1516
Women-centred programme		12		22			16	4	16	38	54
Children in especially difficult circumstances	20	13	15	20	206		167	34	408	67	475
Advocacy	9				171		29		209		209
Emergency	834	10608		56	13	3342	971	6776	1818	20782	22600
Planning and project support	202	410	24	22	1675	182	362	483	2263	1097	3360
Freight	2291	275							2291	275	2566
GRAND TOTAL	8987	27170	511	915	7650	5974	4278	15680	21426	49739	71165

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: SUDAN Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	1945 a/	1745	1520	1390	1270	7870
	NSF				802	6220	7022
	USF	3607	5803	6000	5308		20718
Water supply and sanitation	GR	990	1140	1280	1430	1560	6400
	NSF	3326	3740	3700	3810	3820	18396
	USF	464					464
Nutrition	GR	80	90	100	110	110	490
	NSF	152	75	75	75	75	452
	USF	320	315	310	305	300	1550
Education	GR	435	440	450	455	450	2230
	NSF	1325	1320	1315	1310	1300	6570
Women-centred programme	GR	90	95	100	100	90	475
	NSF	400	420	450	380	370	2020
Children in especially difficult circumstances	GR	275	290	300	290	280	1435
	NSF	379	920	900	880	880	3959
	USF	541					541
Social mobilization and advocacy	GR	175	180	180	185	180	900
Planning and social statistics	GR	430	420	440	420	450	2160
Urban basic services	GR	270	280	290	300	310	1450
	NSF	1050	1100	1100	1050	1050	5350
Integrated area-based programme	GR	310	320	340	320	300	1590
	FSF	246	250				496
	NSF	1281	1350	1250	1200	1150	6231
	USF	169					169
TOTAL	GR	5000	5000	5000	5000	5000	25000
	FSF	246	250				496
	NSF	7913	8925	8790	9507	14865	50000
	USF	5101	6118	6310	5613	300	23442
GRAND TOTAL		18260	20293	20100	20120	20165	98938 b/

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF = Unfunded supplementary funding.

a/ Not including $2,000,000 allocation made for the programme in 1990.

b/ Not including Sudan lifeline operation.

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TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SUDAN	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	4	1169
Local national Professional and General Service established posts	17	1608
Operating costs		3164
Total	21	5941
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	13	2751
Supplementary funds	4	859
Local national Professional and General Service project posts		
General resources	36	2366
Supplementary funds	17	1094
Total	70	7070

a/ For information source, see 1992 post authorization table, dated January 1991.